Department of Revenue Services PO Box 5019 Hartford CT 06102-5019

Form CT-G Connecticut Group Income Tax Return

2005

(Rev. 12/05)

Use this form for qualified electing **nonresident** individuals who are partners, LLC members, shareholders of S corporations, or beneficiaries of trusts or estates. Complete this return in blue or black ink only.

Name	of Pass-Through Entity (PE)		, 2005, ▶endin			D Number	
-			•				
Number and Street PO Box DRS Use		DRS Use	S Use Only				
<u> </u>			>			- 20	
City or	r Town	State	ZIP Code		ut Tax Reg	gistration Number	
				_			
	_ /	► ☐ LLC	► S corporation	► □ E	state	► Trust	
	nded return (check box):						
Total	I number of partners, LLC members, shareholders, or I	beneficiaries	included in this grou	ıp return	▶		-
					,		
1.	Income tax (Total of amounts from Schedule G, Column D) .			▶	1		00
2.	Estimated tax paid (Total of amounts from Schedule G, Colur	mn E)			2		00
		,		-			+
3.	Amount paid with extension request (if any)				3		00
4	Enter the total neuments (Add Line 2 and Line 2.)				4		00
4. 5.	Enter the total payments. (Add Line 2 and Line 3.)				+		00
0.	and enter the amount of overpayment to be credited to 2006		·		5		00
6.	If Line 1 is greater than Line 4, subtract the amount on Line	4 from the am	ount on Line 1,	·			+
	and enter the tax due.			▶	6		00
7.	If late: Enter penalty. (Multiply Line 6 by 10% (.10). See inst	tructions.)			7		00
8.	If late: Enter interest. (Multiply Line 6 by number of months I			-			00
	multiply the result by 1% (.01).)				3		00
•		0-11	/- O O I				+
9.	Interest for underpayment of estimated tax (Total of amount	is from <i>Schedl</i>	ие G, Column F)	······ ►	9		00
10.	Balance Due (Add Lines 6 through 9.)			🛌 🛮	0		00
							00

Make check or money order payable to: Commissioner of Revenue Services
Write Federal Employer ID Number and 2005 Form CT-G on your check or money order.
The Department of Revenue Services (DRS) may submit your check to your bank electroncially.

Mail to: Department of Revenue Services PO Box 5019

Hartford CT 06102-5019

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

SIGN HERE	Signature of General Partner, LLC Member, Fiduciary, or Officer	Date	May DRS contact the preparer shown below about this return?
Keep a copy	Title	Telephone Number	☐ Yes ☐ No (See instructions, Page 9)
of this return for	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
your records	Firm's Name and Address	Federal Employer ID Number	Telephone Number

Schedule G Group Income Tax Schedule

2005

Name	of	PΕ

Member Information

Member Information						
Α	В			D	E	F
Social Security Number	Name and Address	Conn	re of ecticut Income	Connecticut Income Tax (Column C x .05)	Share of Estimated Tax Paid	Form CT-2210 Underpayment Interest
>		>	00	00	00	00
>		>	00	00	00	00
•		>	00	00	00	00
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